PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

1		
	ATTORNEY DOCKET NO.	_
	1600-0129P	

As a below named inventor, I hereby declare that: my residence post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention

=	entitled: *				
Charl Bas If	LATEX FOR DIP FOR	MING AND MOLDED O	BJECT OBTAINED BY	dip forming	
Check Box If Appropriate — For Use Without Specification —	the specification of which is attached hereto unless one of the following boxes is checked:				
Attached	The Specification		and was	assigned	
	Serial No.	and was amended	on	69	
	was filed as PCT international application number PCT/JP00/04169 on June 26, 2000 and was amended under PCT Article 19 on				
	(if applicable).				
•	I hereby state that I have reviewed and understand the contents of the above identified				
	specification, including the claims, as amended by any amendment referred to above.				
	I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.				
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application,				
l.i	that the same was not in pur prior to this application, the	blic use or on sale in the U	nited States of America m	ore than one year	
F					
taf FPI	inventor's certificate issued before the date of this application in any country foreign to the Uni States of America on an application filed by me or my legal representatives or assigns more the				
tej Ll	twelve months (six months f				
in	or inventor's certificate on t				
ES S	of America prior to this application by me or my legal representatives or assigns, except as follo				
( (	I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any fo				
TI I	application(s) for patent or inventor's certificate listed below:				
=	Prior Foreign Application(s) Priority Claimed				
inii Ingget Priority	11-181165.	Japan	06/28/1999		
Teformation	(Number)	(Country)	(Month/Day/Year Filed)	⊠ □ Yes No	
(R appropriate)	11-182428	<u> Japan</u>	06/28/1999	⊠ □ Yes No	
	(Number)	(Country)	(Month/Day/Year Filed)		
[]	11-215284 (Number)	Japan (Country)	07/29/1999 (Month/Day/Year Filed)	Yes No	
<u>ļ</u> 4	(110111001)	(oounity)	(monity bay) real rate)	•	
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No	
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No	
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed I Months (6 Months for Designs) Prior To The Filing Date of This Application:				
	Country	Application No	. Date of Filin	ig (Month/Day/Year)	
		-			
	I hereby claim the benefit under Title 35, United States Code, §120. of any United States				
	application(s) listed below and, insofar as the subject matter of each of the claims of this application in the manner provided by the first page of				
	is not disclosed in the prior United States application in the manner provided by the first paragr of Title 35, United States Code, §112, I acknowledge the duty to disclose material information				
	defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date the prior application and the national or PCT international filing date of this application:				
	(Application Serial No.)	(Filing Date)	(Status — pater	nted, pending, abandoned)	
	(Application Serial No.)	(Filing Date)	(Status - nata	nted, pending, abandoned)	
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I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:



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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

(Revised 3-92)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Spis Inventor: Insert Date Of Amendes Insert Date This Document is Signed GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE OATE atus Naginara pec 21,20<del>01</del> Katuo HAGIWARA RESIDENCE (City, State & Country) Insert Residence Intert Chisenship CITIZENSHIP Kawasaki-shi Kanagawa, Japan Japanese OFFICE ADDRESS (Complete Street Address including City, State & Country)
O ZEON CORPORATION, Research & Development Center, insert Rost Office Address 2-1, Yako 1-chome, Kanagawa, U Kawasaki-ku, Kawasaki-shi, 210-9507 Japan Fut Name of Second Inventor, If any: GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE Hisanori OTA Dec.21,2001  $u\alpha$ Ļ RESIDENCE (City, State & Country) CITIZENSHIP IJ Kawasaki-shi, Kanagawa, Japan Japanese N POST OFFICE ADDRESS (Complete Sine) Address Including City. State & Country)

C/O ZEON CORPORATION, Research & Development Center, 2-1, Yako Ü 1-chome, Kawasaki-ku, Kawasaki-shi, Kanagawa, 210-9507 Japan Full Name of Third Inventor, it anys GIVEN NAME INVENTOR'S SIGNATURE **FAMILY NAME** DATE RESIDENCE (City, Blate & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Pull Name of Fourth Inventor, if any: GIVEN NAME INVENTOR'S SIGNATURE DATE **FAMILY NAME** see above . CITIZENSHIP RESIDENCE (City, State & Country) POST OFFICE ADDRESS (Complete Street Address Including City, State & Country) DATE INVENTOR'S SIGNATURE Full Name of Fifth Inventor, If any: GIVEN NAME **FAMILY NAME** CITIZENSHIP RESIDENCE (City, State & Country) \*Note: Must be completed — date this document is slaned. FOST OFFICE ADDRESS (Complete Street Address Including City, State & Country) Page 2 of 2 (USPTO Approved 3-90)